

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>Cathy Rose</i> <input checked="" type="checkbox"/> Agent X <input type="checkbox"/> Addressee B. Received by <i>JUN 20 2023</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <i>Attorney General U.S. Dept. of Justice 950 Pennsylvania Ave. Washington, DC 20530</i>		3. Service Type <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Sure Mail <input type="checkbox"/> Sure Mail Restricted Delivery (Over \$500) 	
2. Article Number (Transfer from service label) <i>7022 3330 0000 2181 5515</i>		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<small>PS Form 3811, July 2020 PSN 7530-02-000-9053</small> Domestic Return Receipt			

